



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR  
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BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

April 22, 2010

Thair Pond  
Tomorrow's Hope - Eagle  
1655 Fairview Avenue, Suite 100  
Boise, ID 83702

RE: Tomorrow's Hope - Eagle, Provider #13G047

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Tomorrow's Hope - Eagle, on April 21, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State Licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

**It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **May 5, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

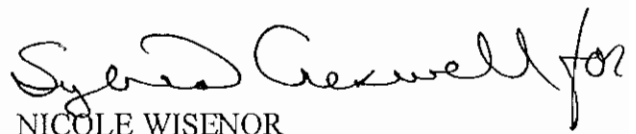
This request must be received by May 5, 2010. If a request for informal dispute resolution is received after May 5, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MICHAEL A. CASE  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

MC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/21/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOMORROW'S HOPE - EAGLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1057 RUSH ROAD EAGLE, ID 83616</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	<b>INITIAL COMMENTS</b>  Tomorrow's Hope Eagle, is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation,  The survey was conducted by: Michael Case, LSW, QMRP, Team Lead Jim Troufetter, QMRP	W 000	W000  Thank you. No response		

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MAY - 3 2010  
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Thair Pond, Administrator 4/28/2010

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/21/2010
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MM380	<p>16.03.11.120.03(a) Building and Equipment</p> <p>The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include:</p> <p>During an environmental assessment on 4/20/10 from 8:35 - 9:15 a.m., the following was noted:</p> <ul style="list-style-type: none"> <li>- In the kitchen, the bottom drawer to the left of the dishwasher, the bottom drawer under the oven, and the right drawer under the microwave were all broken from their rails.</li> <li>- Two cookie sheets, one muffin tin, and one glass casserole dish had burnt on food debris and grease.</li> <li>- The Teflon coating of one large skillet was scratched and peeling.</li> <li>- The linoleum flooring in the kitchen had multiple cracks and rips near the dishwasher, sink, and microwave.</li> <li>- The light fixture in the kitchen was missing one cover panel.</li> </ul>	MM380	<p>MM380</p> <p>Items will be repaired, replaced, or cleaned as needed to meet requirements.</p> <p>Para Q responsible by 5/22/10</p>	

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(X6) DATE

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MM380	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- The wall dividing the living room and kitchen contained a 12 inch by 6 inch dented section with a 12 inch crack through the center.</li> <li>- There was a 2 inch by 1 inch hole in the wall to the right of the television in the living room.</li> <li>- There was a 4 inch round hole in the wall to the left of the storage cabinet in the living room.</li> <li>- Two of the window blinds in the living room had cracked slats.</li> <li>- The 3 drawers of Individual #3's dresser were broken from the rails causing them to fall forward when opened.</li> <li>- The drawer to the right of the sink in the bathroom shared by Individual #2 and Individual #4 was broken from the rails.</li> <li>- Four of Individual #1's dresser drawers were broken from the rails, causing them to fall forward when opened.</li> <li>- There was a 6 inch by 4 inch hole in the wall to the left of the window in Individual #5's bedroom.</li> </ul> <p>The facility failed to ensure environmental repairs were maintained.</p>	MM380		